

<b>Case Number:</b>	CM14-0194017		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	12/02/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 59 year old female with chronic neck pain. The date of injury is 12/02/2009. Previous treatments include chiropractic and physiotherapy. There are no other treatment records available. Progress notes dated 07/01/2014 by the treating doctor revealed bilateral cervical pain, right arm feeling little better since last visit, pain described as moderately achy, dull, sharp, stiff, throbbing, numbness, tingling, weakness, 4-6/10 on pain scale, pain is constant but worse in am, right hand swollen, pain radiates to posterior head, left trapezius, right trapezius, left hand, right hand. Cervical range of motion (ROM): right rotation with pain, 5/10, right lateral bending with pain, 5/10, severe tightness in bilateral cervical and trapezius area, cervical spine tender to palpation. Diagnoses include cervical disc degeneration, cervical segmental dysfunction, neck pain, thoracic segmental dysfunction and thoracic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Chiropractic manipulations with cervical traction and therapeutic exercises to cervical and thoracic spine; twice per week for three weeks (2x3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The claimant presented with ongoing neck pain despite chiropractic and physiotherapy treatments. Reviewed of the available medical records showed the claimant has had 12 chiropractic treatments from 03/19/2014 to 04/28/2014, and 6 additional visits from 04/28/2014 to 07/01/2014. Based on the MTUS guidelines cited, the claimant has exceeded the total number of chiropractic treatments recommended, and there is no evidence of objective functional improvements documented with previous chiropractic treatments. The claimant pain level remained the same, objective findings remained unchanged. Therefore, the request for additional chiropractic treatments twice a week for three weeks is not medically necessary.